



S/N 09/748,165

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Nigel C. Paver
Serial No.: 09/748,165
Filed: December 27, 2000
Title: SYSTEM AND METHOD FOR SINGLE INSTRUCTION MULTIPLE DATA MANAGEMENT INCLUDING ARITHMETIC FLAGS

Examiner: David Huisman
Group Art Unit: 2183
Docket No: 884.A96US1

PETITION FOR A THREE-MONTH EXTENSION OF TIME

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In accordance with the provision of 37 CFR § 1.136(a), it is respectfully requested that a three-month extension of time be granted in which to respond to the Final Rejection mailed October 26, 2004, said period of response being extended from January 26, 2005 to April 26, 2005.

Please charge Deposit Account No. 19-0743 in the amount of \$1050.00 to cover the required extension fee. Please charge any additional fees or credit overpayment to deposit Account No. 19-0743.

Adjustment date: 02/27/2008 CKHLOK
10/09/2007-EAREGAY1 00000010 190743 09748165
03-FC:1253 1050.00 CR

Respectfully Submitted,

SCHWEGMAN, LUNDBERG & WOESSNER, P.A
P.O. Box 2938
Minneapolis, MN 55402
612-371-2132

Date: OCTOBER 3, 2007 By: Robert B. Madden
Robert B. Madden
Reg. No: 57,521

CERTIFICATE UNDER 37 CFR § 1.8: The undersigned hereby certifies that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to: MS Petitions, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 3rd day of October 2007.

Name: Amy Morawcy

Signature: [Signature]

03/09/2007-EAREGAY1 00000010 190743 09748165
03-FC:1253 1050.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | |
|---|-----------------------------------|---|-----------------------|-------------|---|---|----|---|---|---|---|
| 1 Date of Request: 02/06/08 | | 2 Serial/Patent # 09/748,165 | | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | |
| <input type="checkbox"/> | Filing | | | \$ | | | | | | | |
| <input type="checkbox"/> | Amendment | | | \$ | | | | | | | |
| <input checked="" type="checkbox"/> | Extension of Time | IFW | 10/05/08 | \$ 1,050.00 | | | | | | | |
| <input type="checkbox"/> | Notice of Appeal/Appeal | | | \$ | | | | | | | |
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| <input type="checkbox"/> | Overpayment | <input checked="" type="checkbox"/> | Credit Deposit A/C #: | | | | | | | | |
| <input type="checkbox"/> | Duplicate Payment | 9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>1</td><td>9</td><td>--</td><td>0</td><td>7</td><td>4</td><td>3</td> </tr> </table> | | | 1 | 9 | -- | 0 | 7 | 4 | 3 |
| 1 | 9 | -- | 0 | 7 | 4 | 3 | | | | | |
| <input checked="" type="checkbox"/> | No Fee Due (Explanation): | | | | | | | | | | |
| Outside maximum period obtainable. | | | | | | | | | | | |
| | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | | |
| TYPED/PRINTED NAME: Patricia Faison-Ball | | TITLE: Attorney | | | | | | | | | |
| SIGNATURE: <i>Patricia Faison-Ball</i> | | PHONE: 2-3212 | | | | | | | | | |
| OFFICE: PETITIONS | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | | |
| APPROVED: <i>CKK</i> | | DATE: 2/27/08 | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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